

REMARKS

Claims 1-14 were examined. Applicant has amended claim 1. No claims have been cancelled or are newly presented. No new matter has been presented.

Objections to the Specification

The examiner objects to the specification for informalities. Applicant has amended the specification at paragraphs 0005, 0006 and 0042.

Rejections under 35 U.S.C. §112

Claims 1-14 stand rejected under §112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The examiner states that in claim 1, "is physically modified" is in the passive voice, which renders the claim indefinite. Claim 1 has been amended to overcome this ground of rejection.

Rejections under 35 U.S.C. §102

Claims 1-16 stand rejected under §102(b) as anticipated by McVenes et al. (US 5,498,294).

Claims 1, 2 and 4-17 are rejected under §102(b) as anticipated by Zacouto (5,305,745).

Rejections under 35 U.S.C. 103

Claim 8 stands rejected under §102(b) as anticipated by or, in the alternative, under §103(a) as obvious over Zacouto.

Claim 10 stands rejected under §103(a) as obvious over McVenes et al. in view of Altman (RE 37,463).

These grounds of rejection are respectively traversed.

In one embodiment of the present invention, as set forth in claim 1, a method is provided for direct localized therapeutic treatment of myocardial tissue in heart having a pathological condition. A target region of the myocardium having an epicardial region and an endocardial

region and an intramural space defined between is identified. A lead is delivered that has an electrode to the intramural space. The electrode is configured to be connected to a therapeutic or diagnostic device. The mechanical properties are physically modified of at least a portion of the myocardial tissue of the target region. The electrode is applied to at least a portion of the target region myocardial tissue to physically modify the mechanical properties of the tissue and limit motion in the peri-infarct or infarct region. The electrode is applied to at least a portion of infarcted myocardial tissue to allow an electrical impulse to travel through the infarcted region of the myocardial tissue while at the same time physically modifying the mechanical properties of the tissue and limit motion in the peri-infarct or infarct region.

None of the references, singularly or in combination, teach such a method.

CONCLUSION

It is submitted that the present application is in form for allowance, and such action is respectfully requested.

The Commissioner is authorized to charge any additional fees which may be required, including petition fees and extension of time fees, to Deposit Account No. 08-1641 (Docket No. 42359-0009).

Respectfully submitted,
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